

## INSPECTION COMPLETION AGREEMENT

APPLICATION DATE	
OWNER	PHONE
ADDRESS	ZIP
CONTRACTOR	PHONE
ADDRESS	ZIP
BUILDING PERMIT #	RECEIPT #
JOB ADDRESS	
PERMIT DESCRIPTION	
The components or systems specified below w CERTIFICATE OF OCCUPANCY/COMPLETIC	
Specify component or system	(Date

## ACKNOWLEDGMENT AND AGREEMENT:

The Certificate will be issued contingent upon the completion of the above indicated component(s) or system(s) for the reason stated. This Agreement to complete the above indicated component(s) or system(s) by the date indicated above is binding upon me, my successors or assigns.

As witnessed by my signature, I, my successors or assignees who may take possession of said property prior to the completion of the above components or systems, hereby agree to abide by all the terms and conditions of this agreement. I, my successors or assigns who may take possession of said property prior to the completion of the above components or systems, do further agree to permit the Village of Wellington to take the appropriate action, including revoking the Certificate of Occupancy/Completion and having the electrical power disconnected for any violation of this Agreement.

As witnessed by my Contractor signature, I hereby certify that the work items to be completed are (were) part of the permitted works, that completion is required to satisfy the Certificate of Occupancy/Completion requirements fully, and that my failure to complete them would constitute a willful code violation, subjecting me to a Hearing before the Construction Board of Appeals, which may result in reduction of my future permitting privileges in the Village of Wellington.

I, (print) \_\_\_\_ my successors or assigns will at all times assume all risks and further will protect, defend, reimburse, indemnify

them free and harmle legal or administrat interest, attorney's f whether directly or in part, by reason of the reason of any act, of anyone acting under incidental to the per hold harmless obligate fullest extent permitted	ess at all times ive proceedings ees, costs and directly caused, exercise or attention or faulits direction or offormance of this tions, or applicated by law. The all	ployees and elected office from and against any and expenses of whatsoever occasioned or contributed mpted exercise of this Agrelt whether active or passiontrol, or on its behalf in against against a forces against a force of portions thereof, agove provisions shall also be	all suits, actions, nages, liabilities, r kind or nature to in whole or in eement and/or by ve of Village, of onnection with or id indemnity and shall apply to the pe fully applicable
	<b>O</b> , ,	accessors or assigns may	
	•	ny other action the Village	takes as a result
of any violation of this	s Agreement.		
CONTRACTOR	DATE	VOW AGENT	DATE
OWNER	DATE	FIRE RESCUE	
STATE OF FLORIDA COUNTY OF PALM BEA	СН		
		hafara ma thia	by
The foregoing instrument	was acknowledged	Date the this	by e
Name of Person	Acknowledging		
Who is personally known did/did	to me or who has p	roduced as ic	lentification and who
not take an oath.		SEAL	
(Signature of person taking acknowledgment)		(Name of officer taking acknow	ledgment- Printed)